(INDICATE FELONY OR MISDEMEANOR)

	Time Per	riod Cover	ed in T	his Re	port				WE CO	Jus Leg	William E			
Quarter 1 2		□ 3		0 4			SUPRE.							
COUNTY:									100	ADCCCX				
COURT(S):											ISTRATI			
COURT I.D.#	:				PREPARED BY: TELEPHONE:									
JUDGE'S NA						TELI	SPHO	NE:				_		
CPO:				-		LWIA	IL AD	DRESS				_		
PART I - SUPERVISIONS Supervision		2	3	4	5	6	7	8	9	10				
		Pre-Trial Supervision	Post-sentence Supervision	Split Sentence Supervisions	Inter-State Accepted	Intra-State Accepted	Supervision in Lieu of Prosecution	Judgment Withheld	Drug Court Supervision	Other (Specify)	Total Supervisions (columns 1-9)			
A. Supervisions	Previously I	Pending												
B. New Supervi	isions Receiv	['] ed												
C. Supervisions Re-Opened														
D. Total Supervised Cases Before You (add lines A through C)														
PART II – CL	OSED AN	ND INACT	IVE SU	J PER V	ISION	NS .		_	_	_				
E. Discharged (Completed P	robation)									<u> </u>			
F. Revoked Because of New Offense G. Revoked for Technical Violation														
Only									1	ļ	<u> </u>			
H. Absconded and/or Warrant Active														
I. Other Closed/Inactive Supervisions (Specify)														
J. Subtotal Clo Supervisions (ac	dd lines E th	rough I)												
K. Supervisions minus line J)		ne D												

	1	2	3	4	5	6	7	8	9	10
PART III – STATUS ON PENDING SUPERVISIONS	Pre-Trial Supervision	Post-sentence Supervision	Split Sentence Supervisions	Inter-State Accepted	Intra-State Accepted	Supervision in Lieu of Prosecution	Judgment Withheld	Drug Court Supervision	Other	Total Supervisions (Columns 1-9)
L. Standard Supervision										
M. Intra-State Transferred Out										
N. Inter-State Transferred Out										
O. Other Supervisions (Specify)										
P. Total (should equal line K)										
PART IV – GENERAL										
If your department complete please answer questions 1-5			•		and the	adult mi	sdemea	anor rep	ort,	
 What is the total number o department at the end of th 					-	_	ervisio	on with	your	
Felons			OR M	lisdemea	anants _			-		
2. Of the supervisions reported tool as:	l in ques	stion on	e above	, how m	any are	classifie	ed by tl	he risk a	assessn	nent
A. High				Total (/		C. Low _ gh D)				

4.	4. A. How many pre-sentence investigations were completed during the reporting period?							

3. How many other administrative classifications did you have at the end of the reporting period? (These are in addition to the cases reported in question 2 above. Example: an offender released

What Risk Assessment Tool was used?

from probation but file open for fees/programs only.)

	B. How many other reports (e.g., family la completed during the reporting period Please specify type and quantity:	aw, home study, pre-trial release, predisposition on PTR) were d? (Do not include A & D Program reports.)
	Type	Quantity
	Type	Quantity
	Type	Quantity
5.	A. Does your department conduct service programs (i.e., urine screens for prose Yes	
	B. If yes, please list each entity that requested:	nested service with your department and the services
	C. What was the total amount of revenue, services?	e, if any, received during the quarter from these
6.	Of the supervisions received this quarte substance abuse offense as defined in the	er (Lines B, Column 10), how many were convicted of a he Instruction Manual?
7.	Of the supervisions received this quarte sex offense as defined in the Instruction	er (Lines B, Column 10), how many were convicted of a n Manual?
8.	Please explain entries in "Other" catego	ories from Parts I and II.
_		
	Copies of this worksheet and an	Instruction Manual are available on-line at:
	www.in.gov/judicia	ary/admin/courtmgmt/forms

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To obtain your password, please contact the JTAC Helpdesk at 1-888-275-5822